

WY  
RETURN OF SERVICE

Service of the Summons and Complaint was made by me <sup>1</sup>	Date
Name of Server	Title

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served \_\_\_\_\_

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

Other (specify) service upon Mr. Dale L. Austin, Sr. Vice President and Chief Operating Officer at the Federation of State Medical Boards via certified mail, return receipt requested (label # 7005 1820 0003 1510 6845) in accordance with Fed. R. Civ. P4(h)(1) and Pa. R.C.P. 404 (2) and 424

**FILED**

JUL 11 2006

**STATEMENT OF SERVICE FEES**

Travel	MICHAEL E. KUNZ, Clerk By <i>[Signature]</i> Dep. Clerk	Services	Total

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on July 7 2006  
Date

*[Signature]*  
Signature of Server

Two Penn Center Plaza, Suite 950, Philadelphia, PA 19102  
Address of Server

1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.